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PLEASE TYPE (OR PRINT	Entered previous May Sho
☐ Ms. ☐ Mr. Artist ◢	Nichael	S. BAKAle
Permanent -> ->		(Last Name Last)
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44094_	Tel. () 2	16-951-4842
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1975 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

Dates for Pick-up of Objects

Museum Service Entrance 3:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects
April 14 through April 26

Accepted Objects

June 23 through June 28

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed

Please keep address within this box for window envelope.

Name	Michael S. BAKAle
Address	35971 LAKE Shoke
City & State	EASTLAKE, Ohio Zip 44094

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.					
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